

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☒ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from 10/18/98 through 12/31/98	Date Stamp RECEIVED NOV 10 1998 CITY CLERK LODI
Date of election if applicable: (Month, Day, Year) November, 3, 1998	

Page 1 of 17
For Official Use Only

Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Alan S. Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1136 Junewood Court

CITY Lodi STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE (209)478-1797

COMMITTEE NAME

Nakanishi for City Council

I.D. NUMBER

9801990

COMMITTEE ADDRESS (NO. AND STREET)

41 W. Yokuts Avenue, Suite 111

CITY Stockton, STATE CA ZIP CODE 95207 AREA CODE/DAYTIME PHONE (209)478-9956

NAME OF TREASURER

Jon Nakanishi

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

1940 Foxtail Court

CITY tracy STATE CA ZIP CODE 95376 AREA CODE/DAYTIME PHONE (209)478-9956

II Other Committees Not Included in this Statement: List any other
committees not included in this consolidated statement that are controlled by you and any
committees of which you have knowledge that are primarily formed to receive contributions
or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY	STATE ZIP CODE AREA CODE/DAYTIME PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY	STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 29, 1998 At Stockton, CA
DATE CITY AND STATE

By [Signature] SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ At _____
DATE CITY AND STATE

* By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

Allocation Page — Part I

Contributions and Independent Expenditures

Made From Campaign Funds

Type or print in ink.
Amounts may be rounded
to whole dollars.

ALLOCATION - PART I

SEE INSTRUCTIONS ON REVERSE

Statement covers period		Page <u>2</u> of <u>17</u>
from <u>10/18/98</u>	through <u>12/31/98</u>	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan Nakanishi/Nakanishi for City Council		I.D. NUMBER 9801990

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

*See reverse regarding independent expenditures.

SUBTOTAL \$ 0

ALLOCATION — PART I SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.
(Include all Allocation Page — Part I subtotals.) \$ 0
- Contributions and independent expenditures under \$100 made this period from campaign funds.
(Do not itemize.) \$ 0
- Total contributions and independent expenditures made this period from campaign funds.
(Do not carry this total to the Summary Page.) TOTAL \$ 0

Allocation Page — Part II **Contributions and Independent Expenditures** **Made From Personal Funds**

Type or print in ink.
Amounts may be rounded
to whole dollars.

ALLOCATION - PART II

Statement covers period
from 10/18/98
through 12/31/98

Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

Alan Nakanishi/Nakanishi for City Council

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

*See reverse regarding independent expenditures.

SUBTOTAL \$ 0

ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds.
(Include all Allocation Page — Part II subtotals.) \$ 0
- Contributions and independent expenditures under \$100 made this period from personal funds.
(Do not itemize.) \$ 0
- Total contributions and independent expenditures made this period from personal funds.
(Do not carry this total to the Summary Page.) TOTAL \$ 0

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

Statement covers period from 10/18/98 through 12/31/98	Page 4 of 17
I.D. NUMBER 9801990	

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 1016	\$ 5444.00	\$ 6460
2. Loans Received	Schedule B, Line 7	0	3350.00	3350
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1016	\$ 8794.00	\$ 9810
4. Non-monetary Contributions	Schedule C, Line 3	1350	0.00	1350
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 2366	\$ 8794.00	\$ 11160
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	0	0.00	0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 2366	\$ 8794.00	\$ 11160

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 4612.57	\$ 4793.21	\$ 9405.78
9. Loans Made	Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 4612.57	\$ 4793.21	\$ 9405.78
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 4612.57	\$ 4793.21	\$ 9405.78

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 4000.79
14. Cash Receipts	Column A, Line 3 above	1016.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
16. Cash Payments	Column A, Line 10 above	4612.57
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 If this is a termination statement, Line 17 must be zero.	\$ 404.22

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

		1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ 0	11160
21. Contributions Received		\$ 0	
22. Expenditures Made		\$ 0	9405.78

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	\$ 0
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 0

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Statement covers period		4910
from	10/18/98	
through	12/31/98	
Page 5 of 17		

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/22/98	Ken and Josie Mar 5230 Hildreth Lane Stockton, CA 95212		100	100	
10/22/98	Pietro's 317 E. Kettleman Lane Modi, Ca 95240	Self employed	500	500	
SUBTOTAL \$			600		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 600
- Amount received this period — contributions of less than \$100.
(Do not itemize.) 416
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1016

Schedule B — Part I Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part

Statement covers period from 10/18/98 through 12/31/98	Page 6 of 17
--	--------------

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Alan Nakanishi/Nakanishi for Assembly

I.D. NUMBER
9801990

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$		\$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*				OTHER		OTHER
					\$		\$
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$		\$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*				OTHER		OTHER
					\$		\$
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$		\$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*				OTHER		OTHER
					\$		\$

*See important instructions on reverse.

SUBTOTAL \$ (a) 0 \$ (b) 0 Enter (b) on Summary Page, Line 18 only.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 0
- Loans under \$100 received this period. (Do not itemize.) \$ 0
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 0

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0
 - Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0
 - Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ (0)
 - Net change this period. (Subtract Line 6 from Line 3.) NET \$ 0
- Enter the net here and on the Summary Page, Column A, Line 2. May be a negative number.

Schedule B — Part II

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part II

Statement covers period

from 10/18/98

through 12/31/98

Page 7 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER
9801990

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL	\$ (c) 0	TOTAL INTEREST PAID THIS PERIOD	\$ (d) 0

***IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

Schedule B — Part III
Annual Report of Outstanding Loans Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - Part III

Statement covers period
 from 10/18/98
 through 12/31/98

Page 8 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Alan Nakanishi	10/10/98	3000	3000	0
Attach additional information on appropriately labeled continuation sheets.			TOTAL \$	3000

NOTE: This total should be
 the same amount as entered
 on the Summary Page,
 Column C, Line 2.

Schedule C Non-Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/18/98</u> through <u>12/31/98</u>	Page <u>9</u> of <u>17</u>
--	----------------------------

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/3/98	EuroCorp. Financial Holding 5649 Ashley Lane Stockton, CA 95212	EyroCorp Financial	Billboard	300	300	
11/12/98	Gerlack's Storage and Rental 101 N. Loma Drive Lodi, CA 95240	Gerlacks Storage	Billboard	200	200	
9/15/98	Frank Allegre 2000 Edgewood Drive Lodi, CA 95242	Allegre Trucking	Billboard	300	300	
10/8/98	Opportunity Temps Inc. 343 E. Main Street, 10th floor Stockton, CA 95202	Opportunity Temps	Billboard	300	300	
11/17/98	Tom Terpstra 2291 W. March Lane, Suite B Stockton, CA 95207	Herum, Crabtree, Zolezzi & Terpstra	Bill board	250	250	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1350

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 1350
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 1350

Schedule D
Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
 Alan Nakanishi/Nakanishi for City Council

Statement covers period
 from 10/18/98
 through 12/31/98

Page 10 of 17

I.D. NUMBER
 9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Attach additional information on appropriately labeled continuation sheets.			SUBTOTALS \$	(a) 0	(b) 0	

Enforceable Promises Received Summary

- Promises received of \$100 or more this period (Column (a)). \$ 0
- Promises received under \$100 this period.
(Do not itemize.) \$ 0
- Total promises received this period.
(Add Lines 1 and 2.) TOTAL \$ 0
- Payments received on promises of \$100 or more this period.
(Column (b)). \$ 0
- Payments received on promises under \$100 this period.
(Do not itemize. Also include on Schedule A Summary, Line 2.) \$ 0
- Total payments received.
(Add Lines 4 and 5.) TOTAL \$ (0)
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) NET \$ 0
 May be a negative number

Schedule E Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		490
from 10/18/98	through 12/31/98	
Page 11 of 17		I.D. NUMBER
		9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Post Office 120 S. School Street Lodi, CA 95240		Mailing Stamps and Postage	906.66
Evans Communications 2432 Rio Bravo Circle Sacramento, CA 95826	L		3078.00
City of Lodi P O Box 3006 Lodi, Ca 95241	G		83.91

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 4068.57

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 4612.57
2. Payments made this period of under \$100. (Do not itemize.)	\$ 0.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 0.00
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 4612.00

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (cont.)

Statement covers period		4910
from	10/18/98	
through	12/31/98	Page 12 of 17
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Alan Nakanishi/Nakanishi for City Council		9801990

CODES FOR CLASSIFYING EXPENDITURES

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LODI NEWSENTINAL 125 N. Church Lodi, CA 95242	N			544
SUBTOTAL \$				544

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

Statement covers period		490
from 10/18/98		
through 12/31/98		
Page 13 of 17		
I.D. NUMBER		
		9801990

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES

"I" - INDEPENDENT EXPENDITURES

"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD

"T" - TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Accrued Expenses Summary


1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)	\$ 0
2. Accrued expenses this period of under \$100. (Do not itemize.)	\$ 0
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)	INCURRED TOTAL \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)	PAID TOTAL \$ (0)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)	NET \$ 0

May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

Statement covers period		
from	10/18/98	
through	12/31/98	Page 14 of 17
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan Nakanishi/Nakanishi for City Council		I.D. NUMBER 9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
 Alan Nakanishi/Nakanishi for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"T" - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Schedule H — Part I Loans Made to Others

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - Part I

SEE INSTRUCTIONS ON REVERSE

Statement covers period 10/18/98		Page 15 of 17
from	through 12/31/98	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan nakansihi/Nakaishi for City Council		I.D. NUMBER 9801990

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ 0

Loans Made to Others — Part I Summary

- Loans of \$100 or more made this period.
(Include all Loans Made — Part I subtotals.) \$ 0
- Loans under \$100 made this period.
(Do not itemize.) \$ 0
- Total loans made this period.
(Add Lines 1 and 2.) TOTAL \$ 0

Loans Repayments Received — Part II Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.
If forgiven, also itemize on Schedule E.) \$ 0
- Payments received on loans under \$100.
(Including a forgiveness. Do not itemize.) \$ 0
- Total loan payments received this period.
(Add Lines 4 and 5.) TOTAL \$ (0)
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ 0

May be a negative number.

Schedule H — Part II
Loan Repayments Received on Loans Made
to Others (Including Payments Received
from Third Parties) and Loans Forgiven

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE H - Part I

Statement covers period
 from 10/18/98
 through 12/31/98



Page 16 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	RATE (IF CHANGED)	FORGIVEN ON PRINCIPAL* (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED

(a)

TOTAL INTEREST
 RECEIVED THIS PERIOD \$

(b)

0

Enter the amount in column (b) in the

Schedule H — Part III Annual Report of Outstanding Loans Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - Part III

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from	10/18/98
through	12/31/98
Page	17 of 17

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST

Attach additional information on appropriately labeled continuation sheets.

TOTAL

\$ 0

NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 9.